

**Application Data Sheet**

**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	Floppy Disk (CRF) and Paper
Computer Readable Form (CRF)?::	Yes
Number of copies of CRF::	1
Title::	METHODS AND COMPOSITIONS FOR TREATMENT OF DISEASES ASSOCIATED WITH ABERRANT MICROSATELLITE EXPANSION
Attorney Docket Number::	60677US(49163)
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure:	1
Total Drawing Sheets::	18
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Maurice
Middle Name::	S.
Family Name::	Swanson
City of Residence::	Gainesville
State or Province of Residence::	FL

Country of Residence:: US  
Street of mailing address:: University of Florida  
ARB R1-118G  
City of mailing address:: Gainesville  
State or Province of mailing address:: FL  
Postal or Zip Code of mailing address:: 32610-0266

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Rahul  
Middle Name:: N.  
Family Name:: Kanadia  
City of Residence:: Gainesville  
State or Province of Residence:: FL  
Country of Residence:: US  
Street of mailing address:: University of Florida  
ARB R1-187  
City of mailing address:: Gainesville  
State or Province of mailing address:: FL  
Postal or Zip Code of mailing address:: 32610-0266

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Charles  
Middle Name:: A.  
Family Name:: Thornton  
City of Residence:: Rochester  
State or Province of Residence:: NY  
Country of Residence:: US  
Street of mailing address:: Associate Professor; University of

City of mailing address:: Rochester  
School of Medicine and Dentistry  
State or Province of mailing address:: Rochester  
NY  
Postal or Zip Code of mailing address:: 14642

**Correspondence Information**

Correspondence Customer Number:: 21874

**Representative Information**

Representative Customer Number:: 21874

**Domestic Priority Information**

**Foreign Priority Information**

**Assignee Information**

Assignee name:: University of Florida  
Street of mailing address:: Research and Graduate Programs  
310 Walker Hall, P.O. Box 115500  
City of mailing address:: Gainesville  
State or Province of mailing address:: FL  
Postal or Zip Code of mailing address:: 32611-5500